OFFICE OF THE BUILDING OFFICIAL



Town Of Stonington 152 Elm Street Stonington, Connecticut 06378 (860) 535-5075 • Fax (860) 535 - 1023

GAS PERMIT	Permit #:			
Date:	Estimated Co	ost:\$	*Fee: \$	
Property Owner:				
Address:				
City:	State	Zip Code		
Location (if different from ad	dress)			
Installer*s Name:	(as required	Lic. #		
Address:		City:		
Phone Number:				
Gas Supplier: (if different from				
	TYPE OF W	<u>ORK</u>		
Propane Natural				
Tank: number & size:	Piping**:	Appliance:		
(**All gas piping (including blac amendment to bond CSST accor- applies: <u>"shall be bonded betwee</u> smaller than 6 AWG copper) Re	ding to manufacturer's dire	ections now deleted d the first downstre	(Also note NFPA 54 7.13	
Signature of Installer: Installer states by signature that all wor			Date:	
Installer states	by signature that all work w	ill comply to Code		
Approved by:		Date:		
Property located in a flood	zone: Yes N	o:		

*Fee based on estimated cost of work: \$10.00/for the first \$1,000. of the estimated cost of construction; \$8.00/\$1,000 after the first \$1,000 of estimated cost of construction